

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6.2.05

2 Serial/Patent # 10/518,349

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing Fee Codes <u>1632</u> <u>1633</u>		<u>12-17-04</u>	\$ <u>700.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND

\$ 700.00

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Credit Deposit A/C #:

9 07--1392

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

Application qualifies for Special Fees.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BAC

TITLE: _____

SIGNATURE: BAC

PHONE: _____

OFFICE: PCT

Adjustment Date: 05/03/2005 BCRPBEL
12/27/2004 KAYPAGH 03222376 071392 10510349
07 FC:1632 503.00 CR
03 FC:1633 200.00 CR

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B